



Selah Police Department

617 South 1st Street • Selah, Washington 98942
Emergency (509) 574-2500 • Business (509) 698-7348 • Fax (509) 698-7362



CITIZENS ACADEMY APPLICATION

NAME _____
LAST FIRST MI

ADDRESS _____

CITY _____ ZIP CODE _____ DATE OF BIRTH _____

TELEPHONE _____ CELL _____ EMAIL _____

T-SHIRT SIZE _____ (Men's sizes: S, M, L, XL,...etc.)

WHY I WOULD LIKE TO ATTEND. (OPTIONAL)

PLEASE DELIVER OR MAIL YOUR COMPLETED APPLICATION TO THE SELAH POLICE DEPARTMENT BY DECEMBER 15, 2014.

FOR ANY QUESTIONS, PLEASE CONTACT OFFICER RANDY GABBARD AT 945-7887

MAIL TO: CITIZENS ACADEMY
SELAH POLICE DEPARTMENT
617 S. 1ST STREET
SELAH, WA 98942



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CONSENT TO RELEASE INFORMATION AND WAIVER OF LIABILITY

I am submitting an application for the Selah Police Department's Citizens Academy. Due to the sensitivity of some of the material that will be presented, the Department needs to thoroughly investigate my criminal history background. I have authorized the Department to gather all available information regarding my criminal history background and other information, which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the Selah Police Department any and all information that you have concerning me, including without limitation my criminal history to include any arrest records and any information contained in investigatory files and other such information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Selah Police Department. I request your cooperation in supplying this information to the Selah Police Department in response to a request from that Department. I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Selah, its employees and the Selah Police Department from any liability for any damage that may result from furnishing the requested information.

In consideration of being given the opportunity of observing police operations and functions of the Selah Police Department, by riding in a vehicle operated by members of the Police Department or other such authorized persons, and by any and all other means of observation whatsoever, in order to avail said opportunity I, the undersigned, recognize and assume any and all risks pertaining thereto. I, the undersigned, hereby release the City of Selah, its Officials, Officer's and all other personnel of the City of Selah, from any and all liability whatsoever for any injuries, damages, and claims I, the undersigned, my heirs, dependents and assignees may sustain in and about any police vehicle or in any other way during the course of the observation and studies by the undersigned of the operations and functions of the Selah Police Department.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Selah Police Department in conjunction with the Citizens Academy and its procedures. I will make no attempt to gain access to the information provided by you to the Selah Police Department.

MUST BE NOTARIZED!

Applicant's Signature

Applicant's Printed Name and Date

Subscribed and sworn to before me on the _____ day of _____, 20____

Notary Public in and for the State of Washington

Residing at _____

My commission expires _____

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.